

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|------------|--------|-----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | <i>GUN</i> | 11 | 1/19/2000 |
| FORMALITY REVIEW | <i>new</i> | 67474 | 1-1-01 |
| RESPONSE FORMALITY REVIEW | | | |

Best Available Copy

INDEX OF CLAIMS

| | | | |
|------------------------|------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| — (Through numeral)... | Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here